



## **Episode 6: Bringing it Home - Panel Question & Answer**

### **Transcript of Conversation with Dr. Hollingsworth**

Kristin Fields 0:12

Welcome to another episode of Practicing Antiracism Clinically. For our last segment of the podcast, we have created mini-episodes, talking to working psychologists in different areas of the field about how they are implementing diversity, equity, and inclusion work, and how they can better improve these practices within their given role. We've invited guests spanning several positions in several states, from clinic directors, to faculty members to practicing clinicians and more. We are excited to hear their perspectives and how cultural humility and anti racist practices can be implemented in their respective settings. Here's who will be talking with for this mini episode.

Harley Layman 0:52

Dr. Hollingsworth is a licensed clinical psychologist at the Tuscaloosa Veterans Affairs Medical Center and previous graduate of the Oklahoma State clinical psychology program. During his time here, he was under the mentorship of Dr. LaRicka Wingate, where he conducted research examining risk and resilience factors for suicide and ethnic and racial marginalized communities.

Gina Erato 1:17

Hi, I'm Gina Erato. And I will be hosting this panel guest episode of our Practice ARC podcast with Dr. David Hollingsworth.

Dr. Hollingsworth 1:27

Hi, my name is Dr. David Hollingsworth. I am a graduate of the clinical psychology program at Oklahoma State University. I graduated with my PhD in 2017. And I'm currently a clinical psychologist and outpatient mental health clinic at a VA hospital. Um, with that being said, um, everything I've said here is my personal opinion. And I do not represent the Department of Veterans Affairs or the United States government in this interview.

Gina Erato 1:55

So Dr. Hollingsworth, tell me a little bit about your role as a OSU clinical psychology alum and a VA psychologist.

Dr. Hollingsworth 2:04

Yes. So thank you again for having me. So my current role as a psychologist, I see veterans of Monday through Thursday, working in the mental health outpatient clinic, which is pretty much the like a general mental health clinic. So mostly treating depression, anxiety, stress and anger management, of course come from OSU I am trained in CBT. So I use that as my theoretical model with all my veterans, even for some veterans who aren't looking for a structured treatment, like on a weekly basis sometimes might meet monthly, but I'm still very much big being behavioral activation, and people making sure to try and stay active. I know Dr. Lett, probably like that, trying to say get people to stay active because obviously that improves their mood. And also have other roles there at the hospital too. So have some time to do research, actually. And then on every VA has an LGBT veteran care coordinator. So they're the person who's the point of contact for LGBTQ plus issues, I should say that it was recently changed to

LGBTQ plus veteran care coordinator. Also, if that, you know, just being the point of contact for those services for LGBTQ plus veterans fit and most on doing individual therapy, we did groups, pre COVID, that's kind of post home now. And then we have an internship as well. So I supervise our doctoral interns too.

Gina Erato 3:31

So within that role as a psychologist at the VA, and after listening to and reviewing some of the previous episode material, what stood out to you the most and how does that apply to cultural humility, or multiculturalism in your field.

Dr. Hollingsworth 3:48

One of the things that stuck out to me was the part about being self aware of your own values and your own biases in the therapy room, particularly when working with not only people of color, but people of different ethnicities and sexual orientations, different SES, because, obviously would hate to have a native experience between you and your client for something that you met, incidentally said, but you say because you weren't quite aware of your own bias, he said you might have in that room and as a therapist or a psychologist, there is a power differential or you have this knowledge that you are sharing with your client. And they're looking to you for that knowledge and in a collaborative way, but still with hate to damage that therapeutic alliance and rapport by making the comment that when we get offended by and I think one of the first steps to making sure that doesn't happen is to be aware of the your own biases that you might have in your own values.

Gina Erato 4:44

What steps have been made to promote cultural humility, and a multicultural framework in therapy and or research so far in your department?

Dr. Hollingsworth 4:53

And so for me personally, when I work with clients of color, I asked you know if They've experienced the type of racism before, and thinking about how that might tie into their presenting problem. So even including that into the conceptualization piece of it, right, so, you know, did this racing event lead to a depressive episode? Or was it tied to some type of traumatic event that might have happened, I think is really important. And there's actually some research showing that there are some researchers supporting the idea that experiencing racism is a criterion even to be diagnosed with PTSD. And there's a camp out there doing that. So as I do that, with my, my patients of color, and then in terms of research, I've done a lot of research on microaggressions, and how that impacts mental health, specifically suicide risk, and minorities, and also have done some research on ethnic identity. So identifying with your ethnicity, particularly African Americans, and how they can be a protective factor against particularly suicide, just my field of study, though, there are two ways that I've kind of included these type of things into my own clinical work, and then also with research as well.

Gina Erato 6:11

Yeah, that's awesome. And I love hearing kind of the two levels of like, individually with your client and the person that's in front of you, but also at this level within the field of like pushing research forward. And awesome. In what areas do you believe we as practicing psychologists require the most growth.

Dr. Hollingsworth 6:34

I really think that something we need more of is training, particularly in this type of area. And I know that, you know, all APA programs have like that one diversity course, that one semester of, I really think we get a lot more of it. Because nobody really teaches you what to do. If your client says something racist in your appointment, like, how do you handle that? Do you say nothing? And then maybe reinforce that it's okay to say these type of things to people? Do you say something, and then possibly damage the therapeutic alliance to report like, what do you do? So I really think that we need more training in this type of area, particularly given the current climate of the country. Because obviously, we want everybody to feel safe in the therapy room and able to share their, what they're experiencing and what their thoughts are. But again, if we're here to treat people, how can we handle this in a therapeutic way? So I think that's one thing that we really need to grow in as a field.

Gina Erato 7:40

Yeah, that really is at the entire field level when it's coming down to our most basic training to make us experts. And I think that is really just kinda like the most holistic approach at the outset, we need to be emphasizing and like learning these things. What are current goals you and or your program department are working towards to improve dei and your program as well as its services?

Dr. Hollingsworth 8:12

One goal that I think any clinic would want to have was to make the environment a welcoming environment for everybody. Alright, so one thing that we have done is we did like a panel, or like, no, not panel, we did a, like, a focus group on our own clients who are African American, and seeing where their experiences like at the hospital. And if they had negative experiences, how can we go about making these experiences better for them? And again, wanting them to get their care at the hospital. And what things do they want to see change? Again, how can we be helpful in helping them reach their health goals? That's one thing that I think that we should continue to do is asking our clients like, "what do you want to see? This is where you get your health care, like, what do you want to see?" And again, if they have had negative experiences, "how can we make sure those negative experiences don't happen again in the future?"

Gina Erato 9:08

Absolutely. And I have an off-script follow-up question that I think falls in line with this, is you mentioned the shift in your title. You're like, "Oh, we're LGBTQ+ Coordinator." Can you just share a little bit about that process of how that letter and like plus sign was added?

Dr. Hollingsworth 9:27

Yes. So essentially wanting to be more inclusive of obviously LGBT, lesbian, gay, bisexual and transgender. But also wanted to include people who are questioning, who maybe identify as being queer, or maybe asexual or non conforming or non-binary, right? So just making sure we're encompassing everybody, as many people as possible. So we don't have people feel left out, because these services are for them, as well. That was the push to add the queue plus to the title of it.

Gina Erato 9:56

And I think that demonstrates something that, like, is small and administrative, but then just hoping to have, like, rippling effects of like the people that you serve.

Dr. Hollingsworth 10:08

Yeah, because I think, you know, what if somebody does identify as asexual, and they see something that is LGBT, they may not think that that service is for them. So again, just wanting to be inclusive of everybody with that.

Gina Erato 10:26

Alright, and our last question already. Are there barriers that prevent us from diving deeper as a program or field? How can these barriers be addressed?

Dr. Hollingsworth 10:40

I think that, obviously, talking about race is a touchy subject. And it's a subject that a lot of people are uncomfortable with discussing. And I think the psychologists are the main ones who typically have these difficult conversations, right. And I think that for us to really continue to move forward is to be having these types of hard conversations. If we are too uncomfortable and having them then we aren't gonna move forward, and particularly as it comes to these types of problems. So, you know, psychologists, we ask a lot of personal and deep questions, and I think that this should be no different. Right, we should get used to asking these types of uncomfortable questions and having these types of uncomfortable dialogues. And as we know, we tend to get more comfortable with them over time. And I think that us being afraid or uncomfortable by having these conversations will prevent us from diving deeper.

Gina Erato 11:39

Definitely, we're in the business of difficult conversations. That's like an over simplistic job description. And I think we do more harm by not getting training on really important tough conversations, like talking about race and racism.

Dr. Hollingsworth 11:58

Mm hmm. And also want to add on there too, like, I am so proud as an alum that you are doing this. Again, I'm just really happy to see that you all are doing that. And things seem to be going well. And things were definitely a bit different when I was in graduate school, for sure in terms of the climate. But again, I'm just very happy that you all are doing this. So thank you all for doing this. I know it's a lot of work, stuff that you don't have to do. You're already busy with everything that you already know about being a graduate student and I know how intense that program can be. So again, thank you for doing this.

Gina Erato 12:34

Oh, thank you so much for saying that. We feel so lucky to have you as an alum to have you on the podcast willing to share your time and thoughts with us.

Harley Layman 12:49

Thank you for listening to this episode of *Practicing Anti Racism Clinically*. This podcast was funded by an award from the APPIC Call to Action on Equity, Inclusion, Justice and Social Responsibility. Resources associated with today's episode can be found at our website at [psychology.okstate.edu](http://psychology.okstate.edu) that is [psychology.okstate.edu](http://psychology.okstate.edu). If you hover over the *Diversity* tab, you can find the *Student Diversity Committee* by clicking the link. You can find the *Practice ARC* podcast tab with all associated resources and supplemental materials for each episode.

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